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**POST-MORTEM DEMONSTRATION OF A CASE OF
PYEMIA, FOLLOWING A LATENT
OTITIS MEDIA.**

BY S. B. CLARK, M.D.,
OF CHICAGO.

THE case reported occurred in a post-mortem examination at the Cook County Morgue, under Dr. Ludwig Hektoen, October 18, 1893. The patient was a man, aged twenty-one, a porter by occupation; of negative family history. He was admitted into the hospital October 21st, having been sick about three weeks; he complained of chills, fever, nose-bleed, loss of appetite, and general debility; no cause was given for the sickness, and the man had previously been well. When admitted he was stupid, the skin yellowish, the tongue thick and coated; examination of the lungs and heart was negative; the spleen was not enlarged. The temperature was about normal and the pulse slightly accelerated. On the second day after admittance he had a marked chill, and the temperature rose from 97.5° to 102° . Chills and fever continued in such irregular manner that malaria was suspected, but blood-examination was negative. The pulse was generally over 100, and when the chills came on would rise as high as 140 or more.

On October 8th tenderness and pain developed in the right lung over the region of the mammary gland; there was dulness on percussion, and the respiratory and vocal sounds were somewhat diminished. On



October 18th, the apex-beat of the heart was displaced to the left of the nipple-line one inch, in the fifth inter-space, and cardiac dullness was increased. The pulse became rapid and jerky, and the patient died in an exhausted condition.

The post-mortem examination revealed the following changes: The body was much emaciated; examination of the abdominal contents was negative, except that there was swelling of the mesenteric glands. The pericardium, with the heart, was compressed and pushed toward the left side by turbid semi-solid fluid in the right pleura, held in by adhesions. The pericardium was also adherent to the left lobe, and in front the pleura was adherent to the sternum by grayish purulent masses. An opening was seen through the left pleura back of the sternum, that communicated with the lung.

In the left pleural cavity were weak adhesions, and a small quantity of turbid, yellowish fluid, in which were solid fibrinous masses. The heart-examination itself was negative.

The right lung showed numerous septic infarcts anteriorly where the pain had been felt. The lobes were adherent, and many yellowish softened areas, with their bases toward the pleura, were easily discernible, of a foul odor, and some of them fused together, containing purulent material. This lung did not float, and when incised showed many yellowish necrotic foci.

The original cause of these many metastatic foci could not yet be accounted for, and we made preparations to examine the brain.

In the meantime the right internal jugular vein, from its commencement at the jugular foramen to the right innominate vein, was found to be in a condition of suppurative thrombo-phlebitis, and contained a semi-solid mass of foul, viscid, purulent material from beginning to end.

After the calvarium was removed and the brain taken

out, a septic focus was found in the middle ear, and another in the mastoid cells, and leading from this the veins connecting with the lateral sinus were found in a condition similar to the internal jugular.

The lateral and other sinuses of the dura mater were in a suppurative, thrombo-phlebitic condition also.

This readily explained the route of infection, down the lateral sinus to the internal jugular vein, thence through the innominate vein, the superior vena cava, and heart to the lungs.

The autopsy well illustrated how a trifling little abscess of the middle ear, so small as not to be noticed by the patient, may cause the gravest form of pyemia and death.





